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By: Child Protection Officer

Child Protection Policy Statement

At Links Childcare the welfare of the children in our care is of paramount importance. We are committed to providing a safe environment for all children in which they can thrive and are safe and protected from harm. All children are treated with respect and dignity and are given opportunity to have their views heard.

Our aim is to provide the highest possible standard of care in order to promote the well-being of every child and safeguard them from abuse while acknowledging their rights. The purpose of this Child Protection Policy is to guide staff on the procedures to keep children safe.

This policy is for the protection of the children in our service, the staff working with the children, the parents, volunteers, students and relief staff. All staff are familiar with the policy and understand the importance of adhering to the procedures in place.

We have a designated Child Protection Officer and all our staff have been trained to recognise the signs of abuse.

The policy is devised in line with **Children First National Guidance for the Protection & Welfare of Children 2011, Child Protection & Welfare Practice Handbook 2011 and Our Duty to Care 2002** and will be reviewed by the Child Protection Office, in conjunction with Designated and Deputy Designated Persons every year or as necessary to ensure its effectiveness.

2.1 Definition of Abuse

Referenced from Children First: National Guidance for the Protection and Welfare of Children 2011

Child abuse is complicated and can take different forms, but usually consists of one or more of the following:

2.2 Definition of Neglect

Neglect can be defined in terms of an omission, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, and/or medical care.

2.2.2 Harm can be defined as the ill-treatment or the impairment of the health or development of a child. Whether it is significant is determined by the child's health and development as compared to that which could reasonably be expected of a child of similar age.

2.2.3 Neglect generally becomes apparent in different ways over a period of time rather than at one specific point. For example, a child who suffers a series of minor injuries may not be having his or her needs met in terms of necessary supervision and safety. A child whose height or weight is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation.

2.2.4 The threshold of significant harm is reached when the child's needs are neglected to the extent that his or her well-being and/or development are severely affected.

2.3 Definition of 'emotional abuse'

2.3.1 Emotional abuse is normally to be found in the relationship between a parent/carer and a child rather than in a specific event or pattern of events. It occurs when a child's developmental need for affection, approval, consistency and security are not met. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms. Examples may include:

- (i)** the imposition of negative attributes on a child, expressed by persistent criticism, sarcasm, hostility or blaming;
- (ii)** conditional parenting in which the level of care shown to a child is made contingent on his or her behaviours or actions;
- (iii)** emotional unavailability of the child's parent/carer;
- (iv)** unresponsiveness of the parent/carer and/or inconsistent or inappropriate expectations of the child;
- (v)** premature imposition of responsibility on the child;
- (vi)** unrealistic or inappropriate expectations of the child's capacity to understand something or to behave and control himself or herself in a certain way;
- (vii)** under- or over-protection of the child;
- (viii)** failure to show interest in, or provide age-appropriate opportunities for, the child's cognitive and emotional development;
- (ix)** use of unreasonable or over-harsh disciplinary measures;
- (x)** exposure to domestic violence;
- (xi)** exposure to inappropriate or abusive material through new technology.

2.3.2 Emotional abuse can be manifested in terms of the child's behavioural, cognitive, affective or physical functioning. Examples of these include insecure attachment, unhappiness, low self-esteem, educational and developmental underachievement, and oppositional behaviour. The threshold of significant harm is reached when abusive interactions dominate and become typical of the relationship between the child and the parent/carer.

2.4 Definition of 'physical abuse'

2.4.1 Physical abuse of a child is that which results in actual or potential physical harm from an interaction, or lack of interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. There may be single or repeated incidents.

Physical abuse can involve:

- (i)** severe physical punishment;
- (ii)** beating, slapping, hitting or kicking;
- (iii)** pushing, shaking or throwing;
- (iv)** pinching, biting, choking or hair-pulling;
- (v)** terrorising with threats;
- (vi)** observing violence;

- (vii) use of excessive force in handling;
- (viii) deliberate poisoning;
- (ix) suffocation;
- (x) fabricated/induced illness (see Appendix 1 for details);
- (xi) allowing or creating a substantial risk of significant harm to a child.

2.5 Definition of 'sexual abuse'

2.5.1 Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others. Examples of child sexual abuse include:

- (i) exposure of the sexual organs or any sexual act intentionally performed in the presence of the child;
- (ii) intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification;
- (iii) masturbation in the presence of the child or the involvement of the child in an act of masturbation;
- (iv) sexual intercourse with the child, whether oral, vaginal or anal;
- (v) sexual exploitation of a child, which includes inciting, encouraging, propositioning, requiring or permitting a child to solicit for, or to engage in, prostitution or other sexual acts. Sexual exploitation also occurs when a child is involved in the exhibition, modelling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, video tape or other media) or the manipulation, for those purposes, of the image by computer or other means. It may also include showing sexually explicit material to children, which is often a feature of the 'grooming' process by perpetrators of abuse;
- (vi) consensual sexual activity involving an adult and an underage person. In relation to child sexual abuse, it should be noted that, for the purposes of the criminal law, the age of consent to sexual intercourse is 17 years for both boys and girls. An Garda Síochána will deal with the criminal aspects of the case under the relevant legislation.

2.5.2 It should be noted that the definition of child sexual abuse presented in this section is not a legal definition and is not intended to be a description of the criminal offence of sexual assault.

Reporting Procedures

Recognising child neglect or abuse

At Links Childcare we recognise that child neglect or abuse can be difficult to identify. No one sign or symptom should be seen as conclusive that abuse is taking place. All signs and symptoms must be considered in the relation to the child's situation and family circumstances.

There are commonly three stages in the identification of child neglect or abuse:

- (i) considering the possibility;
- (ii) looking out for signs of neglect or abuse;
- (iii) Recording of information.

Reasonable grounds for child protection or welfare concern (Child Protection & Welfare Practice Handbook)

- An injury or behaviour that is consistent both with abuse and an innocent explanation, but where there are corroborative indicators supporting the concern that it may be a case of abuse.
- Consistent indication over a period of time that a child is suffering from emotional or physical neglect.
- Admission or indication by someone of an alleged abuse.
- A specific indication from a child that he or she was abused.
- An account from a person who saw the child being abused.
- Evidence (e.g. injury or behaviour) that is consistent with abuse and unlikely to have been caused in any other way."

Dealing with Disclosures

At Links Childcare we recognise that children who are subjected to abuse may infer that they are being abused or they may just give a direct disclosure. A disclosure will always be taken seriously and action will be taken immediately i.e. the Child Protection Liaison Person and Deputy Child Protection Liaison Person should be informed immediately. The situation and alleged abuse will be handled very sensitively and the child will not be interviewed without first consulting with the Designated Liaison Person who will take appropriate steps to report the matter to TUSLA. All concerns/disclosures are recorded and kept on file. TUSLA Children and Family Services will also be informed if there is a concern about a *potential risk* to children posed by a specific person, even if the children are unidentifiable.

Links Childcare guidelines to responding to a disclosure:

- If a child hints or tells a member of staff that he/she is being abused, it must be handled carefully.
- Stay calm (give the child time to say what he/she wants).
- Do not ask leading questions or details, go at the child's pace. The childcare worker should note all the information the child is giving them.
- Don't stop the child recalling significant events and don't make him or her repeat the story unnecessarily.
- Reassure the child, but do not promise to keep it a secret.
- Explain what needs to be done next.
- Do not make comment or judge the abuser. Remember the child may love the abuser but not like what he/she is doing to them.
- Record the discussion as early as possible.
- Remain open and communicative with the child – avoid any special treatment of the child. It is

important that routines are adhered to.

- The information should be passed to the Designated Liaison Person.

Standard Reporting Procedure

All Staff and Volunteers (including Mandated Persons)

Standard Reporting Procedure

3.4.1 When a staff member or volunteer (including a Mandated Person) has a child protection or welfare concern they should speak to the Designated Liaison Person for Child Protection (DLP) without delay. This includes concerns which reach the threshold for a mandated report under the Children First Act 2015.

3.4.2 The DLP will report the following child protection and welfare concerns using the Child Protection and Welfare Report form (available on www.tusla.ie) to Tusla

- Child Protection and welfare concerns that meet reasonable grounds for concern but do not meet the threshold for mandated reporting
- Child protection and welfare concerns that meet reasonable grounds for concern and have been passed to them by persons who are not Mandated Persons.

3.4.3 If the DLP is unsure if a child protection concern meets the reasonable grounds for concern they should contact Tusla duty social Work for advice and guidance using the informal consultation process.

Under no circumstances should a child be left in a situation that exposes him or her to harm or to risk of harm pending TUSLA intervention. In the event of an emergency where you think a child is in immediate danger and you cannot get in contact with TUSLA, you should contact An Garda Siochana. This may be done through any Garda station.

3.4.4 In addition to a report to Tusla, if there is a criminal or suspected criminal aspect to the child protection concern, An Garda siochana will be notified by the Mandated Person or DLP as appropriate.

3.4.5 Mandated Persons Only

- Under the Children First Act 2015 Mandated Persons are legal required to report any knowledge, belief or reasonable suspicion that a child has been harmed, is being harmed, or at risk of being harmed to Tusla.
- Mandated Persons should bring any child protection concerns to the attention of the Designated Liaison Person (DLP) without delay
- If the child protection concern reaches the threshold for harm as defined in the children First Act 2015 it is a mandated report. The Mandated Person may seek advice and guidance form the DLP in relation to the child protection concern and the threshold of harm.

- Mandated reports will be made jointly by the Mandated Person (who raised the concern) and the DLP, using the child Protection and Welfare and Welfare Report form (available on www.tusla.ie). The form must clearly indicate that the report is a Mandated Report.
- If the child protection concern requires a more urgent intervention to make the child safe, the Children First Act 2015 allows Mandated Persons to alert Tusla of the concern, by telephone or in person, in advance of submitting a written report. The mandated report must then be submitted to Tusla using the Child Protection and Welfare Report form within 3 days.
- The statutory obligation of Mandated Persons to report under the Children first Act 2015 must be discharged by the Mandated Person and cannot be discharged by the DLP on their behalf. Mandated Persons can however, report jointly with another person.
- Where the Mandated Person or DLP is unsure if the report meets the threshold of harm as outlined in the children First Act advice and guidance should be sought through informal consultation with Tusla Duty Social Work.
- If a child protection concern does not meet the criteria for a mandated report, it may meet 'reasonable grounds for concern' for a report to Tusla and this possibility must be considered. If 'reasonable grounds for concern' exist a report to Tusla will be made by the DLP.
- The mandated Person may submit the report to Tusla solely, however, the DLP must be informed that the report has been made and be given a copy of the child Protection and Welfare Report form.
- If a child protection concern has come to the attention of a number of Mandated Persons, the report may be submitted jointly by a number of Mandated Persons.
- Mandated Persons are not required to make a report to Tusla where the sole basis of their knowledge, belief or suspicion of harm is of a result of becoming aware that another Mandated Person has made a report to Tusla.

At Links Childcare we recognize that child abuse can be very difficult to identify and can manifest itself in many ways. No one sign or symptom can form a conclusive view of child abuse. Everything must be taken into account in relation to the child's situation and family circumstances.

In line with Children First Guidance, Links Childcare is bound to professional practice at all times to report to TUSLA if there is the possibility of child abuse or neglect suspected and through good practice will inform the parents/carers if a report is to be submitted to the TUSLA Children and Family Services or to An Garda Síochána, unless doing so is likely to endanger the child.

It is important to remember, even if the child at risk is unidentifiable, your concerns need to be reported to Tusla.

Consequences for Failure to Report Child Protection Concerns: (Reckless Endangerment of Children - Criminal Justice Act 2006)

"A person, having authority or control over a child or abuser, who intentionally or recklessly endangers a child by—

(a) causing or permitting any child to be placed or left in a situation which creates a substantial risk

to the child of being a victim of serious harm or sexual abuse, or

(b) Failing to take reasonable steps to protect a child from such a risk while knowing that the child is in such a situation, is guilty of an offence.

(3) Where a person is charged with an offence under *subsection (2)*, no further proceedings in the matter (other than any remand in custody or on bail) shall be taken except by or with the consent of the Director of Public Prosecutions.

(4) A person guilty of an offence under this section is liable on conviction on indictment, to a fine or to imprisonment for a term not exceeding 10 years or both."

Non-reporting of Concerns:

If the decision is taken by Links Childcare not to report concerns to TUSLA or An Garda Síochána, Links Childcare will give a clear written statement of the reasons why it is not taking any action. If the employee, who raised the concern, remains concerned about the situation, they are free as individuals to consult with, or report to, TUSLA or An Garda Síochána.

Protection for persons making a report.

The provisions of the Protection for Persons Reporting Child Abuse Act 1998 apply once they communicate 'reasonably and in good faith'. This provides for the protection from civil liability of persons who have communicated child abuse 'reasonably and in good faith'. Employees are also protected from penalisation by an employer.

Incident Reporting

Links Childcare record, using an incident report book, all incidents/accidents which occur during the child's day. Should a third party have any concerns about a child's welfare it is Links Childcare policy to follow up fully in accordance with TUSLA standard procedures and if it is deemed to be appropriate it will be reported to the TUSLA Children and Family Services and the report (Appendix B) should be completed by the Child Protection Liaison Officer/Deputy Child Protection Liaison Person.

Links Childcare Designated Liaison Person

The name of the Designated Liaison Person is listed in your child's crèche. This person is responsible for dealing with child protection and welfare concerns. Contact details are also listed in your crèche. A deputy Designated Liaison Person is also assigned to cover absence. The above named persons must ensure that the standard reporting procedure is followed and that they undertake training as necessary in child protection.

Confidentiality

At Links Childcare all records are kept confidential and are filed in a safe and confidential manner. Only Links Childcare staff can access the files of the children in their care. No information about a child/children is shared with anybody other than authorised personnel (Links staff working directly with the child, TUSLA staff and An Garda Síochána) and this information is on a 'need to know' basis. Our policy is to operate a safe and secure environment for all children and no undertakings of secrecy will be given although all information will be handled sensitively taking full account of the legalities required of Links Childcare, it will be processed accordingly. Providing information to the

statutory agencies for the protection of a child is not a breach of confidentiality or data protection and Links Childcare will furnish information as necessary to appropriate bodies. We undertake to inform parents of children if personal information is being shared with other agencies unless we feel it may put the child at further risk.

At Links Childcare we operate within a policy of cooperation with TUSLA Children and Family Services on the sharing of records where a child protection/welfare issue arises and are committed to attending formal meetings to share such information as required by TUSLA.

Record Keeping

Written records will be kept of all child protection concerns (including those not reported to Tusla) and these will be managed by the Designated Liaison Person. Information will include: details of the concern, who raised it, who was contacted, details re informal consultation, any action taken, details re informing parents.

If a child has made a disclosure of abuse, a written record will be made. If there are other grounds for concern that the child has been abused or neglected, a written record will be made.

Records relating to child protection and welfare issues will be kept indefinitely.

Records will be stored securely in line with the Service Record Policy and the childcare Act 1991 (Early Years Services) Regulations 2016.

All records of concerns, allegations or disclosures of child abuse are kept securely in Links Childcare Head Office, St. Olave's, Kinsealy, Malahide Co. Dublin. Only authorised personnel have access to such records. Authorised Personnel as follows: Managing Director, Designated Liaison Person & Deputy Designated Liaison Person.

Safe Recruitment Procedures For Workers

At Links Childcare we ensure best practice for recruitment of all staff. All vacant positions are advertised both locally and nationally through newspapers and websites to ensure the widest possible audience for broad recruitment.

All staff are Garda vetted and where applicable – Police Clearance is sought, 2 written references must be supplied and kept on file and are verbally verified. All staff are interviewed, receive induction training, are put on 6 months' probation, must supply photographic evidence of their identity and this will be retained on file. As employees, all staff are monitored and mentored on an ongoing basis to ensure the highest standards of professional practice. Upon acceptance of an applicant the worker is provided with a job description and written contract which they sign and return to Links Childcare HR Dept. which includes all Links Childcare Policies and Procedures.

Safe Management of Workers

It is the policy of Links Childcare for staff/team meetings to be held in each Centre monthly as a support to employees and to give them opportunity to air any concerns. The manager and area

manager must attend these meetings and the agenda is documented and followed up on. Should a staff member have to deal with a child protection and welfare concern or disclosure, Links Childcare will do everything in our power to support the individual.

Training and Induction

All staff receive induction in all policies and procedures, including Child Protection and Welfare. Throughout Links Childcare we are committed to continuous training and professional development of all staff. Child Welfare and Protection training is an integral part of the company's annual review of training strategy.

Procedures for allegations of abuse against workers

When an allegation of abuse is reported to Links Childcare, the matter will be investigated as a matter of urgency and will be assessed carefully. If the decision is made to make a formal report to the TUSLA it will be done so based on reasonable grounds for concern as already outlined in this document. The main priority is to ensure the child's safety and ensure they are not exposed to further risk and to this end Links Childcare will put protective measures in place. These measures will be proportionate to the level of risk and will not unreasonably penalize the employee unless it is necessary to protect the child. Any action taken will be guided by the employee's employment contract and rules of natural justice. Managing Director, must be informed of any allegations immediately. Once the company has been informed of the allegation, Links Childcare will inform the employee privately of the fact that they have been reported and the nature of the allegation will be disclosed to the employee. The employee will then be given opportunity to respond and said response will be passed on to the TUSLA Children and Family Services if a formal report is made. Parents will be informed of all actions planned while taking into account the fundamental rights of all concerned. During the investigation Links Childcare will liaise closely with the TUSLA Children and Family Services to ensure continuity of the investigation. The outcome for the employee will be determined by the outcome of the investigation. The HR Manager, Janice O'Hara, will conduct the investigation on behalf of Links Childcare and will have the responsibility of reporting the incident to the TUSLA Children and Family Services.

All aspects and stages of the investigation will be recorded by Links Childcare.

Code of Behaviour between Workers and Children

All staff are expected to behave in a respectful and positive manner towards the children in their care. All children must be treated equally in line with the Equal Status Acts 2000-2004. All employees are given a copy of Links Childcare Behaviour Policy and must familiarize themselves with the content and abide by same at all times. Staff must not touch the children in an inappropriate manner and be mindful of appropriate contact during toileting.

All activities/curricula are devised and carried out with the children's development and safety in mind and TUSLA ratio guidelines are adhered to at all times.

The use of electronic equipment/communication devices such as mobile phones etc is not permitted in the rooms to protect the welfare of the children. Photographs are only permitted to be taken on the crèche camera and are only for use within the Centre following parental permission.



Child Protection Policy

All staff must peer monitor and have a duty to report any concerns about a colleagues behaviour with regard to children.

Parental Involvement/Sharing Information

At Links Childcare we encourage parental involvement and work in partnership with parents. It is company policy that all parents are given a copy of the Links Policy and Procedures Handbook and are asked to familiarize themselves with same and sign by way of giving consent. The room curriculum is displayed on the wall in each room to ensure all parents are involved and aware of the daily activities their children participate in and are given a detailed handover at collection time. All parents must provide Links Childcare with information about their child and their guardianship to include a consent form to allow their child to participate in daily activities.

Involving Children/Sharing Information

All children at Links Childcare are respected by the staff and are educated about personal safety in an age/stage appropriate manner. They are given opportunity daily through organized activities to have their voices and opinions heard and are actively encouraged by staff to have their say. Resources are used to help young children understand how to stay safe and communicate to staff when they are upset so appropriate action can be taken.

Accidents/Incidents Procedure

All accidents/incidents are documented in the Incident/Accident Report Book detailing what happened, the time, date, place and staff present at the time of the incident. Each creche has emergency contact details for parents/guardians and parents are informed of incidents which are deemed to be serious by phone contact and minor incidents are reported in person when they collect their child. But all parents are asked to sign the incident report form upon collection of the child. There is a first aid box in each Crèche and all staff are aware of its location. All staff are trained in First Aid. There is a list of emergency numbers displayed in each crèche on the notice board for staff and parents to see. All Crèches are insured and an up to date insurance cert is displayed in the reception of each crèche.

Review

Management and staff monitor and review the effectiveness of the Child Protection Policy yearly and revise the policy when required.

Appendix 1: Signs and symptoms of child abuse

1. Signs and symptoms of neglect

Child neglect is the most common category of abuse. A distinction can be made between 'wilful' neglect and 'circumstantial' neglect. 'Wilful' neglect would generally incorporate a direct and deliberate deprivation by a parent/carer of a child's most basic needs, e.g. withdrawal of food, shelter, warmth, clothing, contact with others. 'Circumstantial' neglect

more often may be due to stress/inability to cope by parents or carers. Neglect is closely correlated with low socio-economic factors and corresponding physical deprivations. It is also related to parental incapacity due to learning disability, addictions or psychological disturbance. The neglect of children is 'usually a passive form of abuse involving omission rather than acts of commission' (Skuse and Bentovim, 1994). It comprises 'both a lack of physical caretaking and supervision and a failure to fulfil the developmental needs of the child in terms of cognitive stimulation'. Child neglect should be suspected in cases of:

- abandonment or desertion;
 - children persistently being left alone without adequate care and supervision;
 - malnourishment, lacking food, inappropriate food or erratic feeding;
 - lack of warmth; • lack of adequate clothing; • inattention to basic hygiene; • lack of protection and exposure to danger, including moral danger or lack of supervision appropriate to the child's age; • persistent failure to attend school; • non-organic failure to thrive, i.e. child not gaining weight due not only to malnutrition but also to emotional deprivation; • failure to provide adequate care for the child's medical and developmental problems; • exploited, overworked.
2. Characteristics of neglect Child neglect is the most frequent category of abuse, both in Ireland and internationally. In addition to being the most frequently reported type of abuse; neglect is also recognised as being the most harmful. Not only does neglect generally last throughout a childhood, it also has long-term consequences into adult life. Children are more likely to die from chronic neglect than from one instance of physical abuse. It is well established that severe neglect in infancy has a serious negative impact on brain development. Neglect is associated with, but not necessarily caused by, poverty. It is strongly correlated with parental substance misuse, domestic violence and parental mental illness and disability. Neglect may be categorised into different types (adapted from Dubowitz, 1999):
- Disorganised/chaotic neglect: This is typically where parenting is inconsistent and is often found in disorganised and crises-prone families. The quality of parenting is inconsistent, with a lack of certainty and routine, often resulting in emergencies regarding accommodation, finances and food. This type of neglect results in attachment disorders, promotes anxiety in children and leads to disruptive and attention-seeking behaviour, with older children proving more difficult to control and discipline. The home may be unsafe from accidental harm, with a high incident of accidents occurring.
 - Depressed or passive neglect: This type of neglect fits the common stereotype and is often characterised by bleak and bare accommodation, without material comfort, and with poor hygiene and little if any social and psychological stimulation. The household will have few

toys and those that are there may be broken, dirty or inappropriate for age. Young children will spend long periods in cots, playpens or pushchairs. There is often a lack of food, inadequate bedding and no clean clothes. There can be a sense of hopelessness, coupled with ambivalence about improving the household situation. In such environments, children frequently are absent from school and have poor homework routines. Children subject to these circumstances are at risk of major developmental delay.

- Chronic deprivation: This is most likely to occur where there is the absence of a key attachment figure. It is most often found in large institutions where infants and children may be physically well cared for, but where there is no opportunity to form an attachment with an individual carer. In these situations, children are dealt with by a range of adults and their needs are seen as part of the demands of a group of children. This form of deprivation will also be associated with poor stimulation and can result in serious developmental delays. The following points illustrate the consequences of different types of neglect for children:
- inadequate food – failure to develop;
- household hazards – accidents;
- lack of hygiene – health and social problems;
- lack of attention to health – disease;
- inadequate mental health care – suicide or delinquency;
- inadequate emotional care – behaviour and educational;
- inadequate supervision – risk-taking behaviour;
- unstable relationship – attachment problems;
- unstable living conditions – behaviour and anxiety, risk of accidents;
- exposure to domestic violence – behaviour, physical and mental health;
- community violence – anti social behaviour.

3. Signs and symptoms of emotional neglect and abuse

Emotional neglect and abuse is found typically in a home lacking in emotional warmth. It is not necessarily associated with physical deprivation. The emotional needs of the children are not met; the parent's relationship to the child may be without empathy and devoid of emotional responsiveness. Emotional neglect and abuse occurs when adults responsible for taking care of children are unaware of and unable (for a range of reasons) to meet their children's emotional and developmental needs. Emotional neglect and abuse is not easy to recognise because the effects are not easily observable. Skuse (1989) states that 'emotional abuse refers to the habitual verbal harassment of a child by disparagement, criticism, threat and ridicule, and the inversion of love, whereby verbal and non-verbal means of rejection and withdrawal are substituted'. Emotional neglect and abuse can be identified with reference to the indices listed below. However, it should be noted that no one indicator is conclusive of emotional abuse. In the case of emotional abuse and neglect, it is more likely to impact negatively on a child where there is a cluster of indices, where these are persistent over time and where there is a lack of other protective factors.

- rejection;
- lack of comfort and love;

• lack of attachment; • lack of proper stimulation (e.g. fun and play); • lack of continuity of care (e.g. frequent moves, particularly unplanned); • continuous lack of praise and encouragement; • serious over-protectiveness; • inappropriate non-physical punishment (e.g. locking in bedrooms); • family conflicts and/or violence; • every child who is abused sexually, physically or neglected is also emotionally abused; • inappropriate expectations of a child relative to his/her age and stage of development. Children who are physically and sexually abused and neglected also suffer from emotional abuse.

4. Signs and symptoms of physical abuse

Unsatisfactory explanations, varying explanations, frequency and clustering for the following events are high indices for concern regarding physical abuse:

- bruises (see below for more detail);
- fractures;
- swollen joints;
- burns/scalds (see below for more detail);
- abrasions/lacerations;
- haemorrhages (retinal, subdural);
- damage to body organs;
- poisonings – repeated (prescribed drugs, alcohol);
- failure to thrive;
- coma/unconsciousness;
- death.

There are many different forms of physical abuse, but skin, mouth and bone injuries are the most common.

Appendix 1: Signs and symptoms of child abuse

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Bruises

Accidental bruises are common at places on the body where bone is fairly close to the skin. Bruises can also be found towards the front of the body, as the child usually will fall forwards. Accidental bruises are common on the chin, nose, forehead, elbow, knees and shins. An accident-prone child can have frequent bruises in these areas. Such bruises will be diffuse, with no definite edges. Any bruising on a child before the age of mobility must be treated with concern. Non-accidental Bruises caused by physical abuse are more likely to occur on soft tissues, e.g. cheek, buttocks, lower back, back, thighs, calves, neck, genitalia and mouth. Marks from slapping or grabbing may form a distinctive pattern. Slap marks might occur on buttocks/cheeks and the outlining of fingers may be seen on any part of the body. Bruises caused by direct blows with a fist have no definite pattern but may occur in parts of the body that do not usually receive injuries by accident. A punch over the eye (black eye syndrome) or ear would be of concern. Black eyes cannot be caused by a fall on to a flat surface. Two black eyes require two injuries and must always be suspect. Other distinctive patterns of bruising may be left by the use of straps, belts, sticks and feet. The outline of the object may be left on the child in a bruise on areas such as the back or thighs (areas covered by clothing). Bruises may be associated with shaking, which can cause serious hidden bleeding and bruising inside the skull. Any bruising around the neck is suspicious since it is very unlikely to be accidentally acquired. Other injuries may feature – ruptured eardrum/fractured skull. Mouth injury may be a cause of concern, e.g. torn mouth

(frenulum) from forced bottle-feeding. Bone injuries Children regularly have accidents that result in fractures. However, children's bones are more flexible than those of adults and the children themselves are lighter, so a fracture, particularly of the skull, usually signifies that considerable force has been applied. Non-accidental A fracture of any sort should be regarded as suspicious in a child under 8 months of age. A fracture of the skull must be regarded as particularly suspicious in a child under 3 years. Either case requires careful investigation as to the circumstances in which the fracture occurred. Swelling in the head or drowsiness may also indicate injury. Burns Children who have accidental burns usually have a hot liquid splashed on them by spilling or have come into contact with a hot object. The history that parents give is usually in keeping with the pattern of injury observed. However, repeated episodes may suggest inadequate care and attention to safety within the house. Non-accidental Children who have received non-accidental burns may exhibit a pattern that is not adequately explained by parents. The child may have been immersed in a hot liquid. The burn may show a definite line, unlike the type seen in accidental splashing. The child may also have been held against a hot object, like a radiator or a ring of a cooker, leaving distinctive marks. Cigarette burns may result in multiple small lesions in places on the skin that would not generally be exposed to danger. There may be other skin conditions that can cause similar patterns and expert paediatric advice should be sought. Bites Children can get bitten either by animals or humans. Animal bites (e.g. dogs) commonly puncture and tear the skin, and usually the history is definite. Small children can also bite other children. Non-accidental It is sometimes hard to differentiate between the bites of adults and children since measurements can be inaccurate. Any suspected adult bite mark must be taken very seriously. Consultant paediatricians may liaise with dental colleagues in order to identify marks correctly. Poisoning Children may commonly take medicines or chemicals that are dangerous and potentially life-threatening. Aspects of care and safety within the home need to be considered with each event. 73 Appendix 1: Signs and symptoms of child abuse Non-accidental poisoning can occur and may be difficult to identify but should be suspected in bizarre or recurrent episodes and when more than one child is involved. Drowsiness or hyperventilation may be a symptom. Shaking violently Shaking is a frequent cause of brain damage in very young children. Fabricated/induced illness This occurs where parents, usually the mother (according to current research and case experience), fabricate stories of illness about their child or cause physical signs of illness. This can occur where the parent secretly administers dangerous drugs or other poisonous substances to the child or by smothering. The symptoms that alert to the possibility of fabricated/induced illness include:

(i) symptoms that cannot be explained by any medical tests; symptoms never observed by anyone other than the parent/carer; symptoms reported to occur only at home or when a parent/carer visits a child in hospital; (ii) high level of demand for investigation of symptoms without any documented physical signs; (iii) unexplained problems with medical treatment, such as drips coming out or lines being interfered with; presence of unprescribed medication or poisons in the blood or urine.

5. Signs and symptoms of sexual abuse

Child sexual abuse often covers a wide spectrum of abusive activities. It rarely involves just a single incident and usually occurs over a number of years. Child sexual abuse most commonly happens within the family. Cases of sexual abuse principally come to light through: (a) disclosure by the child or his or her siblings/friends; (b) the suspicions of an adult; (c) physical symptoms.

Colburn Faller (1989) provides a description of the wide spectrum of activities by adults which can constitute child sexual abuse. These include:

- Non-contact sexual abuse
 - 'Offensive sexual remarks', including statements the offender makes to the child regarding the child's sexual attributes, what he or she would like to do to the child and other sexual comments.
 - Obscene phone calls.
 - Independent 'exposure' involving the offender showing the victim his/her private parts and/or masturbating in front of the victim.
 - 'Voyeurism' involving instances when the offender observes the victim in a state of undress or in activities that provide the offender with sexual gratification. These may include activities that others do not regard as even remotely sexually stimulating.
- Sexual contact
 - Involving any touching of the intimate body parts. The offender may fondle or masturbate the victim, and/or get the victim to fondle and/or masturbate them. Fondling can be either outside or inside clothes. Also includes 'frottage', i.e. where offender gains sexual gratification from rubbing his/her genitals against the victim's body or clothing.
- Oral-genital sexual abuse
 - Involving the offender licking, kissing, sucking or biting the child's genitals or inducing the child to do the same to them.
- Interfemoral sexual abuse
 - Sometimes referred to as 'dry sex' or 'vulvar intercourse', involving the offender placing his penis between the child's thighs.
- Penetrative sexual abuse, of which there are four types:
 - 'Digital penetration', involving putting fingers in the vagina or anus, or both. Usually the victim is penetrated by the offender, but sometimes the offender gets the child to penetrate them.
 - 'Penetration with objects', involving penetration of the vagina, anus or occasionally mouth with an object.
 - 'Genital penetration', involving the penis entering the vagina, sometimes partially.
 - 'Anal penetration' involving the penis penetrating the anus.

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Sexual exploitation

- Involves situations of sexual victimisation where the person who is responsible for the exploitation may not have direct

sexual contact with the child. Two types of this abuse are child pornography and child prostitution. • 'Child pornography' includes still photography, videos and movies, and, more recently, computer-generated pornography. • 'Child prostitution' for the most part involves children of latency age or in adolescence. However, children as young as 4 and 5 are known to be abused in this way. The sexual abuses described above may be found in combination with other abuses, such as physical abuse and urination and defecation on the victim. In some cases, physical abuse is an integral part of the sexual abuse; in others, drugs and alcohol may be given to the victim. It is important to note that physical signs may not be evident in cases of sexual abuse due to the nature of the abuse and/or the fact that the disclosure was made some time after the abuse took place. Carers and professionals should be alert to the following physical and behavioural signs: • bleeding from the vagina/anus; • difficulty/pain in passing urine/faeces; • an infection may occur secondary to sexual abuse, which may or may not be a definitive sexually transmitted disease. Professionals should be informed if a child has a persistent vaginal discharge or has warts/rash in genital area; • noticeable and uncharacteristic change of behaviour; • hints about sexual activity; • age-inappropriate understanding of sexual behaviour; • inappropriate seductive behaviour; • sexually aggressive behaviour with others; • uncharacteristic sexual play with peers/toys; • unusual reluctance to join in normal activities that involve undressing, e.g. games/swimming. Particular behavioural signs and emotional problems suggestive of child abuse in young children (aged 0-10 years) include: • mood change where the child becomes withdrawn, fearful, acting out; • lack of concentration, especially in an educational setting; • bed wetting, soiling; • pains, tummy aches, headaches with no evident physical cause; • skin disorders; • reluctance to go to bed, nightmares, changes in sleep patterns; • school refusal; • separation anxiety; • loss of appetite, overeating, hiding food. Particular behavioural signs and emotional problems suggestive of child abuse in older children (aged 10+ years) include: • depression, isolation, anger; • running away; • drug, alcohol, solvent abuse; • self-harm; • suicide attempts; • missing school or early school leaving; • eating disorders. All signs/indicators need careful assessment relative to the child's circumstances. 75 Appendix 2: National contacts for TUSLA Children and Family